## Best Available Copy

Application or Docket Number

| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000                 |  |   |              |                               |              |                  |         |                   |                        |          |                     |                        |
|---|--|---|--------------|-------------------------------|--------------|------------------|---------|-------------------|------------------------|----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |                               |              |                  |         | SMALL ENTITY TYPE |                        |          | OTHER<br>SMALL      |                        |
| TOTAL CLAIMS  |  |   | 37           |                               |              |                  | R       | ATE               | FEE                    | 1        | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED |                               | NUMBER EXTRA |                  | BAS     | IC FEE            | 355.00                 | OR       | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 37 minus 20= |                               | • 17         |                  | X       | \$ 9=             |                        | OR       | X\$18=              | 306°                   |
| INDEPENDENT CLAIMS  |  |   | 6 minus 3 =  |                               | * 3          | 3                |         | 40≃               |                        | OR       | X80=                | 240 <sup>102</sup>     |
| MULTIPLE DEPENDENT CLAIM PRESEN   |  |   |              | ENT                           |              |                  | +       | +135=             |                        | OR       | +270=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |              |                               |              | TO               | TOTAL . |                   | OR                     | TOTAL    | 1256                |                        |
| CLAIMS AS AMENDED - PART II   |  |   |              |                               |              |                  |         |                   |                        |          | OTHER               |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                               |              |                  | SM      | AALL              | ENTITY                 | OR       | SMALL               |                        |
| ENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVIO<br>PAID         | BER<br>DUSLY | PRESENT<br>EXTRA | R       | ATE               | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | • 37                                      | Minus        | **                            | 37           | = /              | X       | \$ 9=             |                        | OR       | X\$18=              |                        |
| AME   | Independent  | TATION OF MI                              | Minus        | ENDEN                         | CO AIM       | =/               | Х       | 40=               |                        | OR       | X80=                |                        |
|   | FIRST PRESE  | NIATION OF M                              | JETIPLE DEF  | CNDEN                         | CLANV        |                  | +1      | 35=               |                        | OR       | +270=               |                        |
|   |  |   |              |                               |              |                  |         | TOTAL<br>IT. FEE  |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
| •   |  | (Column 1)                                | •            | (Colu                         | mn 2)        | (Column 3)       | ADO     | II. FEE           |                        |          | ADDII. I EE         |                        |
| AMENDMENT B   |  | CLAIMS                                    |              | HIGH                          | EST          |                  |         |                   | ADDI-                  | <b>7</b> |                     | ADDI-                  |
|   |  | REMAINING<br>AFTER<br>AMENDMENT           |              | NUM<br>PREVIO<br>PAID         | OUSLY        | PRESENT<br>EXTRA | R       | ATE               | TIONAL<br>FEE          |          | RATE                | TIONAL<br>FEE          |
|   | Total  | • 37                                      | Minus        | **                            | 37           | = /              | ×       | \$ 9=             |                        | OR       | X\$18=              |                        |
|   | Independent  | ٠ لو<br>NTATION OF MI                     | Minus        | ***                           | (e           | = /              | Х       | 40=               |                        | OR       | X80=                |                        |
| _   | TINGT PRESE  | INTACION OF M                             | JETH CE DE!  | LIVOLIVI                      | CLA          |                  | +1      | 35≃               |                        | OR       | +270=               |                        |
|   |  |   |              |                               |              |                  |         | TOTAL<br>T. FEE   |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                                |              | (Colu                         |              | (Column 3)       |         |                   | •                      |          |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA | R       | ATE               | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus        | **                            |              | =                | X       | 9=                |                        | OR       | X\$18=              |                        |
|   | Independent  | •   | Minus        | ***                           |              | _                | X       | 40=               |                        | OR       | X80=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                               |              |                  | 1       | 35=               |                        | OR       | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |              |                               |              |                  |         |                   |                        |          | TOTAL               |                        |
| •••   | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE  OR  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                               |              |                  |         |                   |                        |          |                     |                        |